

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/28/2014	
NAME OF PROVIDER OR SUPPLIER AZALEA HILLS				STREET ADDRESS, CITY, STATE, ZIP CODE 3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R000000	<p>An investigation of Complaint Number IN 00149866 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number: IN 00149866 Substantiated, State Deficiency cited at R-154, Sanitation and Safety Standards</p> <p>Survey Date: 05/28/14</p> <p>Facility Number: 012161 Provider Number: 012161 AIM Number: NA</p> <p>Surveyors: Lex Brashear, Life Safety Code Specialist</p> <p>Census Bed Type: Residential: 63</p> <p>This deficiency reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/02/14.</p>		R000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>			
R000154	410 IAC 16.2-5-1.5(k)						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, record review, and interview; the facility failed to ensure 1 of 1 kitchen stoves was maintained in good repair. This deficient practice could affect mostly kitchen staff plus any number of residents and visitors while in the dining room which was in the same smoke compartment as the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 05/28/14 at 11:10 a.m. while in the kitchen with the Maintenance Supervisor and cook # 1, all six burners on the gas stove were lit. The Maintenance Supervisor and cook # 1 both said the pilot lights for three of the six burners would blow out occasionally. When asked how long this had been going on, the cook said for about a month. The Maintenance Supervisor said air flow through the kitchen would sometimes blow the pilot lights out and he would have to relight them. When asked if there was ever a gas smell in the kitchen, the cook said yes when the pilot lights went out. The Maintenance Supervisor said the facility has received an estimate from Hobart Services of</p>	R000154	<p>R 0154 Requires the facility to ensure that the kitchen stove be maintain in good repair. 1. The stove in the kitchen was inspected by the maintenance staff and the issues identified. Parts were ordered for the repair on June 9, 2014. When the parts arrive from Ecolab Equipment Care, the maintenance department will repair the stove. 2. All other appliances were inspected in the kitchen and in good working order. No other concerns at this time. See corrective measures below. 3. The maintenance supervisor was educated on providing preventative maintenance on the stove ensuring that the pilot lights were lit. The maintenance supervisor was informed if their is an issue with the appliance, repairs need to be done immediately. 4. The administrator or her designee will complete a thorough audit of the stove ensuring that the pilot lights are staying lit. The administrator or her designee will utilize the preventative maintenance tool weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure the stove is in good repair.</p>		06/18/2014		

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	<p>Louisville, Kentucky, but no date has been set for repairs to be done. Based on record review at 11:30 a.m. with the Administrator present, it was confirmed the facility does have an estimate from Hobart Services but confirmed no date set for repairs to be done.</p> <p>5-1.5(k)</p>						